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FACSIMILE COVER LETTER

To:	Commissioner for Patents Examiner Christopher O. Onuaku
Firm:	U.S. Patent and Trademark Office Art Unit 2616
Facsimile:	(571) 273-8300
From:	Darren M. Simon
Date:	March 13, 2006
Re:	FLH Ref No.: 450100-02164 Serial No: 09/436,870

Number of Pages: 8
(including cover page)

If you do not receive all pages or are unable to read the transmission, please call (212) 588-0800.

00287250

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants	:	Shigeru Yoshino, et al.
Serial No.	:	09/436,870
Filed	:	November 9, 1999
For	:	DATA RECORDER-REPRODUCER AND BIT MAP DATA PROCESSING METHOD, CONTROL PROGRAM PROCESSING METHOD AND SETTING DATA PROCESSING METHOD OF DATA RECORDER-REPRODUCER
Examiner	:	Onuaku, Christopher O.
Art Unit	:	2616

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

☐ The fee has been calculated as shown below.

☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	2	Minus	** = 20	* 0 x	$50 (25)	= $)
Independent claims	2	Minus	*** = 6	* 0 x	$200 (100)	= $)
			Total additional fee for this amendment			$)

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of $300 (150) has been previously paid ☐, or is paid herewith ☐.

☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.

☐ A check in the amount of $_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.

☐ Charge $_____ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on March 13, 2006.

Barnet Shindlman
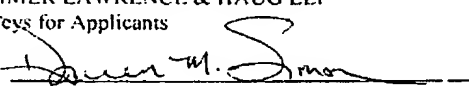(Name of person signing transmittal)

Signature

March 13, 2006
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:
Darren M. Simon
Reg. No. 47,946

00348522

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Barnet Shindlman
(Name of person signing transmittal)

(Signature)
Signature

March 13, 2006
Date of Signature

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the non-final Office Action which issued December 15, 2005,

please consider the following amendments and remarks in the above-referenced application.

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PATENT
450100-02164

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